

PERMIT

CITY OF NAPOLEON, OHIO — DEPT. OF BUILDING & ZONING
255 W. Riverview Avenue, Napoleon, Ohio 43545 (419) 592-4010

Permit No. 336 Date Aug. 19, 1981
 Job Location 530 Stout St. Valuation \$ 7,950
 Owner Mary Mann Address 530 Stout St.
 Contractor George Taylor Name Telephone No. 784-0327
 Address Rt. 2, Lake Christy Meadows, Defiance, Ohio
 Electric Contractor _____
 Plumbing Contractor _____
 Mechanical Contractor _____

This permit is issued for work described in the plans, specifications, and/or application submitted, as approved by the Building Commissioner of the City of Napoleon, Ohio. Work shall conform to all pertinent construction and land use Codes and Ordinances.

Work Information:

Residential X Commercial _____ Industrial _____
No. dwelling units
 New Construction _____ Addition _____ Remodel _____
 Brief Description of Work Remodeling for CDBG program

ISSUED BY Richard S. Hagman DEPT. OF BUILDING & ZONING
Building Official

It is the owners or contractors responsibility to call the Building Department for the following (x) inspections:

- Footing excavation prior to placing concrete.
- Footing drains and foundation prior to backfill.
- Prepared sub-grade prior to placing concrete floor slab.
- Sanitary sewer
- Rough-in electrical, plumbing and service framing prior to installing wall board.
- Final electrical, plumbing and heating.
- Final building inspection, prior to occupancy.

PERMIT & FEES

Building Permit	\$ <u>21.00</u>
Electrical Permit	\$ <u>9.00</u>
Plumbing Permit	\$ <u>8.00</u>
Mechanical Permit	\$ _____
Demolition Permit	\$ _____
Zoning Permit	\$ _____
Sign Permit	\$ _____
Water Tap	\$ _____
Sewer Tap	\$ _____
Temp. Elec.	\$ _____
Other _____	\$ _____
TOTAL FEES	\$ <u>38.00</u>
LESS FEES PAID	\$ <u>-0-</u>
BALANCE DUE	\$ <u>38.00</u>

Permit is not valid until all fees are paid in full, and shall be void if work is not started within six months of date above.

PAID
 AUG 19 1981
 CITY OF NAPOLEON

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Work Information:
 Residential Commercial _____ Industrial _____
 New Construction _____ Addition _____ Remodel _____
 Brief Description of Work Remodeling for GDS program

ISSUED BY _____ Building Official
 DEPT. OF BUILDING & ZONING

It is the owners or contractors responsibility to call the Building Department for the following (x) inspections:

- _____ Footing excavation prior to placing concrete.
- _____ Footing drains and foundation prior to backfill.
- _____ Prepared sub-grade prior to placing concrete floor slab.
- Sanitary sewer
- Rough-in electrical, plumbing and service framing prior to installing wall board.
- Final electrical, plumbing and heating.
- Final building inspection, prior to occupancy.

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Other _____	\$ _____

TOTAL FEES \$ 38.00
 LESS FEES PAID \$ 0-
 BALANCE DUE \$ 38.00

PAID
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ELECTRICAL 9-1-81 Boston
 HEATING 9-2-81
 FOOTER 9-1-81, 9-2-81
 CHANGE ORDER - FILL IN SEPTIC TANK BUNKER
 NEW FOOTER 9-1-81
 Plumbing Inspection 8-11-81
 Elec & Final Inspection - 8-22-81

INSPECTION RECORD

UNDERGROUND			ROUGH-IN &			FINAL		
Type	Date	By	Type	Date	By	Type	Date	By
PLUMBING	Sewer Connection		Drainage, W. & Vent	8-11	JL	Drainage, W. & Vent		
	Building Sewer		Water Piping			Water Heater		
	Water Piping		Condensate Lines	8-11	JL	Backflow Prevention		
			Indirect Waste	8-11	JL	FINAL APPROVAL		
ELECTRICAL	Floor Ducts Raceways		Rough Wiring			Electric Mtr. Clearance		
	Conduits & Cable		Conduits/Cable			Signs		
	Grounding & Bonding		Service Panel					
			Switchboard					
			Subpanels					
			<input type="checkbox"/> Range			FINAL APPROVAL		
			<input type="checkbox"/> Dryer					
	Refrigerant Piping		Refrigerant Piping			Duct Insulation		
	Ducts/Plenums		Ducts/Plenums			Chimney(s)		
			Ventilation			Furnace(s)		
MECHANICAL			<input type="checkbox"/> Supply			FINAL APPROVAL		
			<input type="checkbox"/> Exhst.					
	Location, Set-backs, Esmt(s)		Wall Construction			Fireplace Chimney		
	Excavation		Crawl Space			Attic		
	Footings & Reinforcing	9-2	<input type="checkbox"/> Vent			<input type="checkbox"/> Access		
	Sub-soil Drain		Floor System(s)			Special Insp Reports Rec'd		
	Foundation Walls		Roof System			Smoke Detector		
	Floor Slab		Fire Wall(s)			Demolition (sewer cap)		
			Roof Cover			Building or Structure		
			Roof Drain					
FINAL APPROVAL BLDG. DEPT			Certificate of Occupancy Issued			# JL 8-22-81		

CITY OF NAPOLEON
 BUILDING INSPECTION DEPARTMENT
 APPLICATION FOR BUILDING PERMIT
 (please print or type)

The undersigned hereby makes application for construction, installation, or alternation work as herein specified, agreeing to do all such work in strict accordance with the City of Napoleon's adopted Building Codes.

Location of project 530 STOUT ST Cost of Project \$7,950

Owner's Name MARY MANN Address 530 STOUT ST

Contractor GEORGE TAYLOR Telephone No. 784-0327

Address PT #2, LAKE CHRISTY MEADOWS, DEFIANCE, OHIO

Lot Information: (not required for siding job)
 Lot No. 6 Subdivision _____

Zoning District FP Lot Size _____ ft X _____ ft. Area _____ sq. ft.

Setbacks: Front _____ Right Side _____ Left Side _____ Rear _____

Work Information:
 Residential IX Commercial _____ Industrial _____
 New Construction _____ Addition _____ Remodel _____
 Accessory Building _____ Siding _____

Brief Description of Work: REMODELING FOR CDBG RE-HAB PROGRAM Specific Type _____

Size: Length _____ Width _____ No. of Stories _____
 Area: 1st Floor _____ sq. ft. Basement _____ sq. ft.
 2nd Floor _____ sq. ft. Accessory Building _____ sq. ft.
 3rd Floor _____ sq. ft. Other _____ sq. ft.

Additional Information: _____

APPLICATION FOR PERMIT SHALL BE ACCOMPANIED BY TWO COMPLETE SETS OF PLANS INCLUDING: ELEVATIONS, FLOOR PLANS, CROSS SECTIONS AND PLOT PLAN. IF ADDITION OR REMODELING, SHOW ALL EXISTING STRUCTURES AND THEIR SIZE AND LOCATION. ALL PLANS SHALL BE DRAWN TO SCALE.

Date _____ Applicant's Signature _____

PERMIT NO.

336

PERMIT FEE \$

21.00

CITY OF NAPOLEON
 BUILDING INSPECTION DEPARTMENT
 APPLICATION FOR PLUMBING PERMIT
 (Please print or type)

The undersigned hereby makes application for the installation or replacement of plumbing work as herein specified, agreeing to do all such work in strict accordance with the City of Napoleon's adopted Plumbing Codes. (1, 2 and 3 family dwelling units only).

Owner's Name MARY MANN Address 530 STOUT ST
 Plumbing Contractor BOB STARKEY Telephone No. 782-6308
 Address RT #2 DEFIANCE, OHIO
 General Contractor GEORGE TAYLOR Telephone No. 784-0327
 Address RT #2 LAKE CHERY MEADOWS, DEFIANCE, OHIO
 Location of Project 530 STOUT ST Cost of Project \$7,950

Work Information:

No. of dwelling units X New Replacement X Addition X
 Brief description of work: REPLACE ALL DRAIN LINES WITH NEW COPPER
INSTALL NEW BUILDING SEWER TO EXISTING SEWER TAP

Is water tap required NO Size Type of Pipe
 Is sewer tap required NO Size Type of Pipe

Type of Water Distribution pipe

Type of Drainage, Waste and Vent Pipe SEE PLANS

Size of main building drain 4" Size of main vent pipe 3"

Water closets 1 Bathtubs 1 Shower
 No. Trap Size No. Trap Size No. Trap Size

Lavatories 1 Kitchen Sink 1 Disposal 0
 No. Trap Size No. Trap Size No. Trap Size

Dishwasher 0 Clothes Washer 1 Other 0
 No. Trap Size No. Trap Size No. Trap Size

PERMIT NO. 336
 PERMIT FEE \$ 8.00

All installations are subject to plumbing tests and/or inspections.

Date Applicant's Signature

CITY OF NAPOLEON
BUILDING INSPECTION DEPARTMENT
APPLICATION FOR ELECTRICAL PERMIT
(please print or type)

The undersigned hereby makes application for installation or replacement of electrical equipment as herein specified, agreeing to do all such work in strict accordance with the City of Napoleon's adopted Electrical Codes.

Owner's Name MARY MAUN Address 530 STOUT ST

Electrical Contractor GUSTWILLER ELECTRIC Telephone No. 395-2201

Address RT #7, DEFIANCE, OHIO

General Contractor GEORGE TAYLOR Telephone No. 784-0327

Address RT #2, LAKE CHRISTY MEADOWS, DEFIANCE, OHIO

Location of Project 530 STOUT ST Cost of Project \$7,950.00

Work Information:

Residential IX Commercial _____ Industrial _____
No. Units _____

New _____ Service Voltage 100 AMPS Re-wiring X Additional Wiring X

Brief Description of Work: NEW SERVICE ENTRANCE & RE-WIRING FOR CDBG RE-HAB PROGRAM

Size of proposed service entrance 100 AMPS Number of new circuits 4

Type of proposed service entrance: _____ Underground _____ Overhead X

Require Temporary Electrician No (Yes or No)

Total Floor Area - Commercial and Industrial only _____ sq. ft.

Additional Information: _____

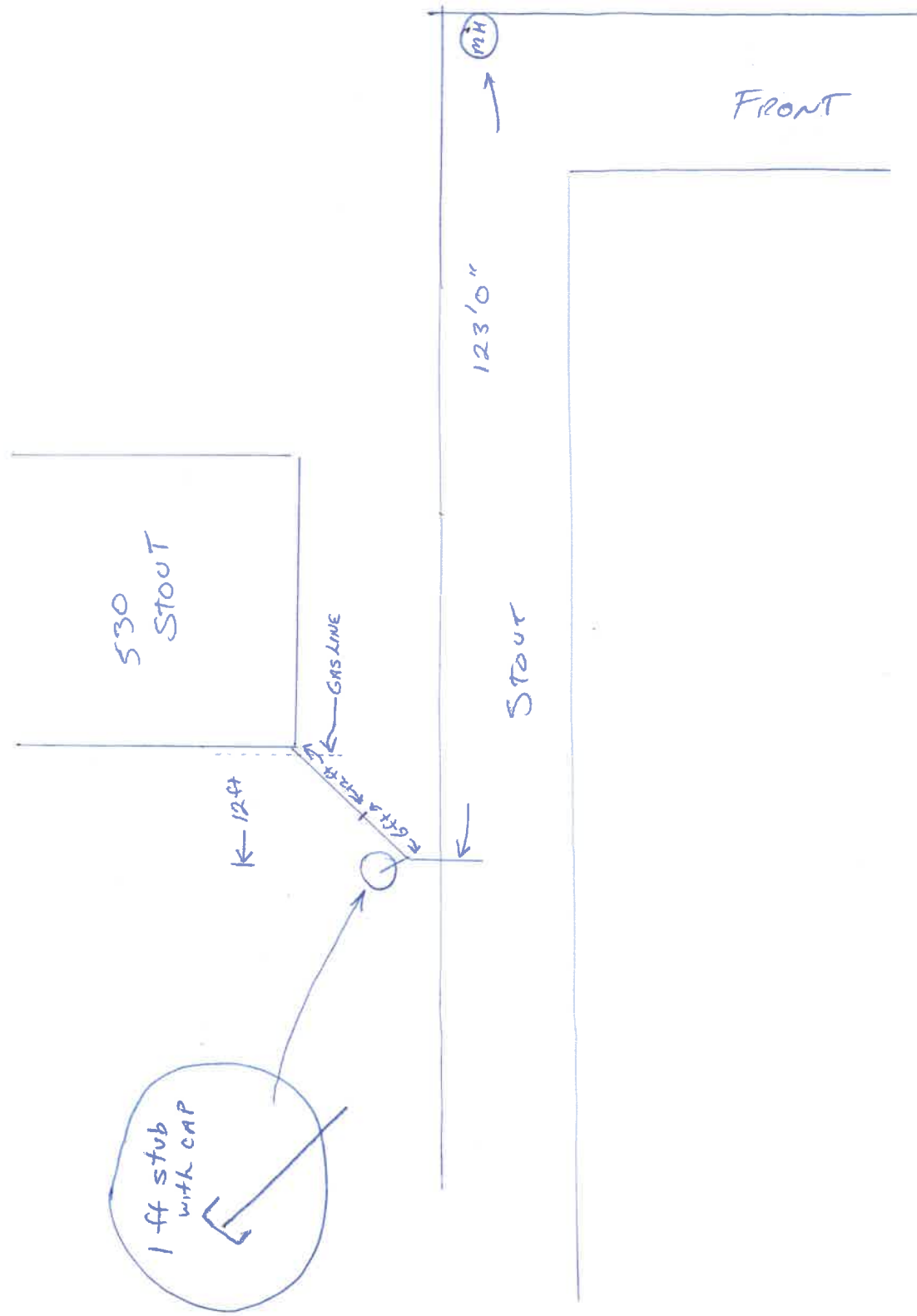
*GROUND FAULT CIRCUIT INTERRUPTER PROTECTION IS REQUIRED ON ALL 120-VOLTS SINGLE PHASE, 15 AMP TO 30 AMP CIRCUITS WHICH ARE PART OF A TEMPORARY ELECTRICAL SERVICE AND ALSO ON BATHROOM, OUTDOOR, AND GARAGE RECEPTACLES IN ALL DWELLING UNITS. N.E.C. 210-8.1

*APPLICATION FOR PERMIT SHALL BE ACCOMPANIED BY TWO COMPLETE SETS OF PLANS INCLUDING ELECTRICAL LAYOUT AND RISER DIAGRAM. (FOR COMMERCIAL AND INDUSTRIAL WORK ONLY.)

Date _____ Applicant's Signature _____

336

9.00





GREG SCHUETTE, Agent
Auto - Life - Health - Home and Business.

510 Appian Napoleon, Ohio 43545
Phone: Off. 592-8797 Home 592-3796

Invoice # 5096

Sept. 10, 1981

Marv M. Mann
C/O City of Napoleon
Riverview Ave.
Napoleon, Ohio 43545

Flood Insurance
\$ 12,000 Building Coverage
12 month premium..... \$50.00

Please make check payable to the National Flood
Insurance Program.

ACCOUNT

Requisition On Purchasing Department

City of Napoleon, Ohio

No 7683

DEPARTMENT CDBG

DATE 9/14/81

DIVISION

DELIVERY ADDRESS

DATE REQUIRED

F.O.B.

TERMS

VENDOR STATE FARM INSURANCE

510 APPIAN

NAPOLEON, OHIO 43545

ITEM NO.	QUANTITY REQUIRED	UNIT	DESCRIPTION	UNIT PRICE	AMOUNT
			FLOOD PLAN INSURANCE		
			FOR MARY MANN		\$50.00
			530 STOUT		
			APPLICANT # 18 COMMUNITY		
			DEVELOPMENT		

I hereby certify that the above articles or supplies are necessary for this department. ESTIMATED COST

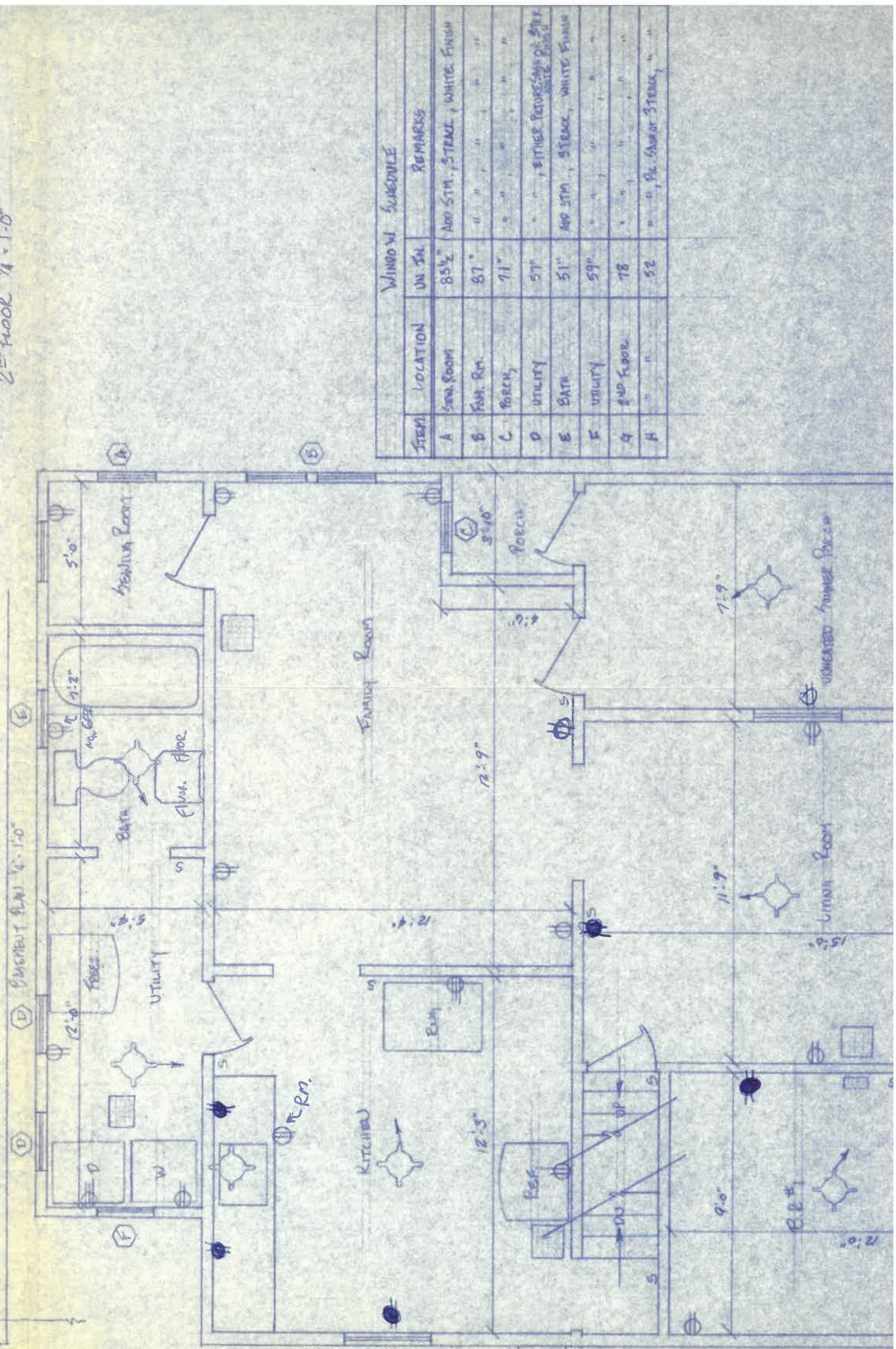
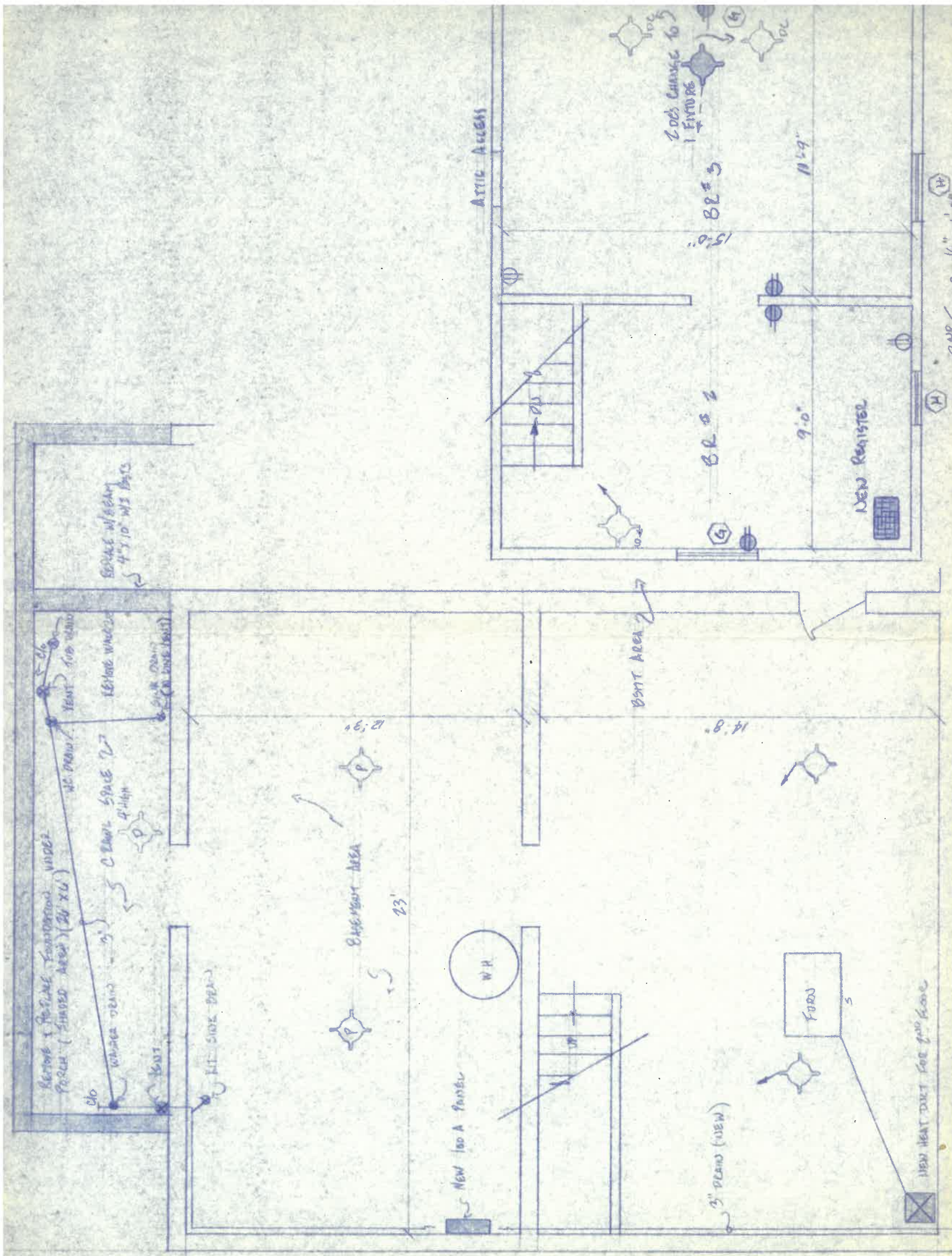
Richard J. Hayman

HEAD OF DEPARTMENT

ACTUAL COST \$50.00

Approval for Purchase

CITY MANAGER



ITEM	LOCATION	UN. IN.	REMARKS
A	SEW. ROOM	85 1/2"	ADD STM, STAINL, WHITE FINISH
B	FAM. RM.	87"	" " " " " " " "
C	PORCH	71"	" " " " " " " "
D	UTILITY	57"	" " " " " " " "
E	BATH	51"	ADD STM, STAINL, WHITE FINISH
F	UTILITY	59"	" " " " " " " "
G	2ND FLOOR	78"	" " " " " " " "
H	"	52"	" " " " " " " "

MANU
530 STOUT
336-81